


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90013 021 \*\*\*\*61.25

<b>DOCUMENT # 790363</b> 1. Entity Name TALQUIN ELECTRIC COOPERATIVE, INC.					
Principal Place of Business 1640 WEST JEFFERSON ST. P O BOX 1679 QUINCY, FL 32353-1679			Mailing Address 1640 WEST JEFFERSON ST. P O BOX 1679 QUINCY, FL 32353-1679		
2. Principal Place of Business <b>1640 West Jefferson Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 1679</b> Suite, Apt. #, etc.			
City & State <b>Quincy, Florida</b>		City & State <b>Quincy, Florida</b>		4. FEI Number <b>59-0474475</b>	
Zip <b>32351-2134</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32353-1679</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STALLONS, GARY</b> <b>1640 W. JEFFERSON STREET</b> <b>QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ENGLISH, COLIN JR. STREET ADDRESS 4267 ENGLISH LN CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE D NAME Durden, Carrie L STREET ADDRESS P O Box 541 CITY-ST-ZIP Havana Fl 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME GREEN, MAL STREET ADDRESS 7882 BANDITS RUN CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE D NAME Alexander, Joseph STREET ADDRESS 507 Deerwood Circle CITY-ST-ZIP Quincy Fl 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME LEWIS, BERNARD STREET ADDRESS 591 LEWIS LANE CITY-ST-ZIP QUINCY, FL 32352	<input type="checkbox"/> Delete		TITLE D NAME VanLandingham, William R STREET ADDRESS 519 Telogia Creek Rd CITY-ST-ZIP Quincy Fl 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FENN, SAMUEL STREET ADDRESS 3539 LAKEVIEW RD Drive CITY-ST-ZIP TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE General Manager NAME Gary Stallons STREET ADDRESS 1640 W Jefferson St CITY-ST-ZIP Quincy Fl 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SUMNER, AMOS STREET ADDRESS BLUE CREEK ROAD CITY-ST-ZIP HOSFORD, FL 32334	<input type="checkbox"/> Delete		TITLE VP NAME Sumner, Amos STREET ADDRESS 19506 NE Old Blue Creek Rd CITY-ST-ZIP Hosford Fl 32334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STRICKLAND, BOBBY J STREET ADDRESS 108 COLEMAN RD CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bernard Lewis</u> Bernard Lewis			8/4/04 Date		850/627-7651 Daytime Phone #

August 10, 2004

Attachment  
44051899

To Whom It May Concern:

We have found no record of receiving our "2004 Not-For-Profit Corporation Annual Report" and would like to request it be addressed as follows in the future.

Gary Stallons, General Manager  
Talquin Electric Cooperative, Inc.  
Post Office Box 1679  
Quincy, Florida 32353-1679

Thanks in advance for handling our request.

*Debra F. Sansom*  
Debra F. Sansom  
Senior Administrative Secretary



FLORIDA DEPARTMENT-OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0203628 01 AT 0.183 \*\*AUTO T3 2 1203 32353-167979



TALQUIN ELECTRIC COOPERATIVE, INC.  
1640 WEST JEFFERSON ST.  
P O BOX 1679  
QUINCY FL 32353-1679

### To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # 790363

Mail Report to:

TALQUIN ELECTRIC COOPERATIVE, INC.  
1640 WEST JEFFERSON ST.  
P O BOX 1679  
QUINCY FL 32353-1679

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